

**APPLICANT(S)**

7/22/05

	NOV	DEC	NOV	DEC	NOV	DEC
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NOV	DEC	NOV	DEC	NOV	DEC
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TOTAL END	
TOTAL	
DEP.	
TOTAL	
CLAIMS	

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/658,609

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
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146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.	0						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						